

Drop-in Basketball

This drop-in, unsupervised program is open to players ages 15 and above. Players under the age of 18 must have a parent/guardian signature on the registration form. Please bring your own ball.



BARRY GLASSMAN, HARFORD COUNTY EXECUTIVE KATHY BURLEY, DIRECTOR OF PARKS & REC

Child's Name

Address

City

Location: ☐ Churchville ☐ Norrisville (\$10.00 fee per location)

June 12th - September 2nd, 2017

See individual sites below for times and schedules

Ages: 15+, Registration is ongoing throughout the 12 weeks

Cost: \$10.00 per site (Exact Change Only)

Norrisville Library and Recreation Center

5310 Norrisville Rd, White Hall MD 21161 Phone: 410-692-7820

Monday - Friday 11:00am to 3:00pm Saturdays (Unless Noted) 1:00pm to 4:00pm

Churchville Rec Center-Level Building

3023 Level Rd, Churchville MD 21028 Phone: 410-638-4345

Monday - Friday 1:00pm to 3:30pm

(No Program on the following dates: 7/10-7/21, and 8/14-18)

State

For more information, please contact sites for individual questions

_____ Age_____ ____Fee Enclosed \$

Zip Code

REGISTRATION FORM - Drop-in Basketball

Phone	_ E-Mail
Emergency Contact Name	Phone
Medical issues we should be aware of	
Add me to your e-mail list for new program	ns: □ Yes □ No
I give my permission for photos to be take	n of me / my child for publicity purposes: □ Yes □ No
	nt is required, I understand that every attempt will be made to contact me at the me is not possible, I give permission for medical attention to be administered.
its elected and appointed officials, agents, of death, sustained by me/my child while particular mation on Youth Sports Concussion and He	ord County, Maryland, a body corporate and politic of the State of Maryland, and officers, and employees, from all liability arising from any harm or injury, including cipating in this program. In accordance to Maryland law, I understand that inforad Injuries is available at http://www.cdc.gov/headsup/youthsports/index.html and o://www.nhlbi.nih.gov/health/healthtopics/topics/scda/.
Parent/Guardian/Participant Signature:	Date:
NO REFUNDS UNLESS COURSE IS CANCELED - PLEASE MAKE CHECKS PAYABLE TO HARFORD COUNTY, MD	